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NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING

# POLICY BRIEF

# Recommendations for the Reauthorization of the Older Americans Act

The Older Americans Act authorization will expire at the end of FY 2019. As it has for every past reauthorization, n4a will work with policymakers and stakeholders to update this vital Act, which supports millions of older adults and caregivers annually.

## A Foundation for the Future of Aging Services

The Older Americans Act (OAA) was first signed into law in 1965 as part of President Lyndon Johnson's "Great Society" initiative aimed at eliminating poverty and injustice among the country's most vulnerable populations. Fifty-five years ago, President Johnson shared the vision that this Great Society "is a challenge constantly renewed, beckoning us toward a destiny where the meaning of our lives matches the marvelous products of our labor." The OAA was enacted as part of these Great Society programs to help fulfill that destiny for millions of older Americans by implementing a nationwide network of community-based services to ensure that sustained health, independence and dignity could follow a lifetime of hard work.

Today the vision and mission of the Older Americans Act is even more important than it was five decades ago, as our nation faces an unprecedented demographic shift. In the next five years, more than 18 million people will turn age 65. By 2030, 73 million—or one in five—people in America will be 65 or older. And in addition to being historically large in size, this population is also living longer. Between 2020 and 2030, the number of people 85 and older is projected to rise by 35 percent; for people age 100 and older, it's an amazing 52 percent growth rate.[1] And there may be only one near-universal opinion among this cohort: an estimated 90 percent of them want to age in their own homes and communities rather than in institutional settings.

Enabling aging in place should be a national commitment regardless of party affiliation or geography. In fact, both Republican and Democratic lawmakers have espoused aging in place as an important policy goal for our country. Achieving it, however, requires that policymakers address significant challenges and seize new opportunities to elevate effective person and family-centered approaches that promote health and independence as people age. Fostering a society in which aging at home and in the community is not only the collective desire but also the national expectation requires us to recognize, protect and bolster the foundation upon which this goal was built.

The Older Americans Act is that foundation, and as federal policymakers consider the Act's reauthorization, n4a urges Congress and the Administration to work toward policy decisions that honor the longstanding intent of the OAA while seeking legislative strategies that enable the existing services network to adequately meet the needs of this nation's rapidly growing aging population and their caregivers.

## The Aging Network

To help millions of aging Americans meet the goal of aging in place, local aging agencies develop and provide older adults with the necessary local services and supports that promote health, independence and safety in their homes and communities. A nationwide Aging Network—made up of states, 622 local Area Agencies on Aging (AAAs), more than 250 tribal aging programs and tens of thousands of service providers—was established via the Older Americans Act and was founded on the principle of giving states and local entities the flexibility to determine, coordinate and deliver the supports and services that most effectively and efficiently serve the needs of adults age 60 and older in their communities.

The National Association of Area Agencies on Aging (n4a) serves as the advocacy voice in Washington, DC for the AAAs and the more than 250 Title VI Native American aging programs serving Indian country. In 2019 Congress will consider the reauthorization of the Older Americans Act. During this process, and on behalf of these vital local entities and the millions of older adults, veterans and caregivers they serve, n4a recommends that Congress *preserve* this essential infrastructure and *expand* its capacity to serve the growing numbers of Americans who will need the vital services they provide.

**We encourage lawmakers to pursue a bipartisan, thoughtful, determined approach to reauthorization that promotes four core principles inherent in the original vision and enduring intent of the Act:**

1. Meet Consumers Where They Are
2. Meet Growing Needs by Increasing Investments
3. Foster Innovations in Service Delivery
4. Ease Administrative Barriers to Increase Access to Services

n4a's recommendations for the Older Americans Act reauthorization are organized around these four principles, and we look forward to collaborating with policymakers and key stakeholders to ensure that the OAA will continue meeting the needs of millions of older adults and their caregivers. This can only happen if the Act continues to invest in and support the nationwide Aging Network of agencies and service providers that serve them.

# Meet Consumers Where They Are: Protect Local Focus and Flexibility

In the 1973 OAA reauthorization, Congress created the Area Agency on Aging designation to establish a local infrastructure for planning, developing and coordinating the delivery of a range of vital home and community-based services and supports (HCBS). A reflection of the policy trend at the time to decentralize decision-making from the federal to the state and local levels,[2] the AAA role remains critical to the success of today's OAA. Given the fact that the Act focuses on the needs assessment, strategic planning to address those needs, advocacy, program development and implementation working from the "bottom up" as much as the "top down," AAA services and supports truly reflect the needs of older adults in their particular community. While federal support and guidance is leveraged by states and AAAs, and the core OAA services are provided nationwide, the input-gathering and planning mechanisms (e.g., area and state plans) in the Act that directly engage older adults, their critical caregivers and other key community stakeholders drive how current and future programs look and are implemented at that local level. There is a healthy and appropriate amount of state and local flexibility built into the Act. Striking a balance that ensures a foundational consistency across the nation but which allows for state and local decision-making is not easy, but the current law does just that.

**Therefore, we urge Congress to maintain the Act's commitment to local planning and development** so that programs and services can benefit from the input of older adults and their caregivers, as well as local agencies and providers, to ensure that programs and services reflect and meet the unique needs of older adults and caregivers in the agency's planning and service area in the most person-centered way possible. These local determination and flexibility elements are an essential strength of the OAA and should be maintained by Congress.

## OAA Enables Aging In Place

"The Older Americans Act is vital to our community! Last year we cared for 72 low-income older adults who depended on OAA funds to provide In-Home Aide services that allowed them to remain in their home. Without this support, these clients would struggle to live safely in their homes and might have resorted to nursing home facility placement.

Our In-Home Services Program not only provides bathing and housekeeping for our clients, but it promotes dignity, independence, safety, security, wellness, peace of mind, socialization and compassion, all in the comfort of the client's beloved home, which is where they deserve to be for as long as possible.—**a North Carolina AAA**

## OAA's Local Flexibility is Vital to Providing Needed Services

"The OAA grant is very flexible and allows us to tailor services to a client's needs based on annual assessments, which means we can help seniors with moderate to intensive needs remain independent in their own homes. Having this ability to provide a range of services helps to prevent accidents that could lead to nursing home placement.

The range of services we can provide include home-delivered meals, personal care, chore services, respite, support groups and counseling, adult daycare and transportation.—**a Florida AAA**

## Planning

With our demographic realities, it's more important than ever to plan. A key feature of both state and AAA roles in the Act, the planning process is essential to determining the needs of older adults in that service area, seeking input from a wide range of stakeholders, and building a state or area plan that creates a coordinated vision to meet the current and future needs of older adults and their caregivers. It's also important that both the state and area planning processes be synergistic with each other, reinforcing a collective state/local vision for aging services. In doing so, these processes create planning documents that build upon one another and highlight community needs while illustrating both the state and local visions—as well as the corresponding implementation strategies.

**To that end, n4a believes that Congress should explore strategies to strengthen the synergy between state and area plans and specifically highlight how consumer input collected from the area planning process should inform the state plan development.**

Congress intended for this to be the case (the area plan process precedes the state plan process in Sections 306 and 307 of the Act) to ensure the needs of older adults and caregivers were documented at a local level, then elevated to inform both state and federal responses. In addition to meeting federal and state requirements, AAAs should be permitted to reflect community priorities that may be more expansive than the OAA by including additional sections in the area plan.

## Family Caregivers

The National Family Caregiver Support Program (NFCSP, Title III E) funds programs offered at the community level through AAAs that assist older caregivers and family members caring for older loved ones. The NFCSP offers a range of in-demand supports to family caregivers in every community, preventing billions in additional care costs to taxpayers if their loved ones are placed in a more expensive institutional setting. While n4a members would always welcome additional local flexibility in the Act, our specific recommendation for the NFCSP at this time is extremely modest.

To better address the caregiving needs of grandparents and other older relatives raising children, **AAAs should be allowed to exceed the 10 percent cap on Title III E National Family Caregiver Support Program funding** available to serve this population. In some areas of the country, additional state and local flexibility is warranted due to the rapidly escalating need for these caregiver services that is occurring as a result of the opioid epidemic. The cap was instituted when NFCSP was created in 2000, presumably with a concern that most resources should go to caregivers of older adults. AAAs administer the NFCSP locally and should be allowed to determine the best use of the funds within the other parameters set by Congress.

## OAA Helps Older Caregivers

"A great-grandmother contacted our Caregiver Support Program seeking assistance because she is raising three great-grandchildren, ages nine, 10 and 12. She gained custody of her great-grandchildren when their mother experienced challenges with opioid addiction and was incarcerated.

We connected the great-grandmother to housing options and other community resources, in addition to providing some financial assistance to allow her to purchase clothing for the children.—**an Ohio AAA**

## Meet Growing Needs by Increasing Investments

OAA programs have long demonstrated a unique ability to provide quality services while enhancing and protecting federal resources. OAA programs represent less than one-third of one percent of federal discretionary spending (0.0031 percent) but offer an incredible return on investment by leveraging state, local and private dollars, as well as volunteerism, to help millions of older adults and caregivers age in their homes and communities every year.

Together, these services save taxpayer dollars by enabling seniors to remain independent and healthy in their own homes, where they prefer to be and where they are less likely to need more costly hospital and institutional care paid for through Medicare and Medicaid. Evidence shows that cost-effective services provided by the Aging Network keep older adults out of crisis and out of hospitals and other high-cost settings. Yet funding for social services that improve quality of life and reduce longer-term health care costs has been on a flat or declining trajectory.[3]

As health care payers—including the Centers for Medicare & Medicaid Services (CMS)—increasingly recognize the value of meeting the non-medical health-related needs of older adults through addressing the social determinants of health, we encourage lawmakers to ensure that funding for the Act increases with the steep rise in the number of older adults and caregivers. Services provided through the OAA support long-term health and independence. As a result, adequate investments in OAA have the potential to play an important role in changing the trajectory of accelerating health care spending among older adults—particularly those whose needs extend beyond medical care to ongoing assistance with the basic activities of daily life.

Unfortunately, investments in the Act have declined since 2010, when OAA discretionary funding was at its highest.[4]

*It would require a 23 percent increase in funding ($2.5 billion) to simply restore the service capacity of the Aging Network that has been lost since 2010.*[5] While we recognize that authorizing funding for the Act does not ensure that appropriators will meet those recommendations within their appropriations bills, we encourage Congress to include authorization amounts for OAA programs and titles that more accurately reflect the need for services and population growth.

To this end, **n4a recommends that lawmakers include authorization amounts for the OAA that are, at a minimum, baselined at the $2.5 billion overall level to restore the service capacity of the Aging Network.**

We also recommend that, **over the five-year reauthorization period, lawmakers index annual authorization increases to reflect corresponding increases in the population and inflation, *at a minimum.***

However, even such increased authorization levels would be insufficient if Congress wants to truly prepare our nation for this tremendous demographic shift by investing in the most cost-effective, commonsense and consumer-desired aging services. Therefore, **we urge Congress to double the size of the Act over five years to ensure that a greater percentage of the growing number of older adults can access home and community-based services.** We believe the added costs to the federal government are miniscule compared to the cost savings to Medicare, Medicaid and other health and long-term care payers if more Americans had access to the OAA's effective programs and services when they first need the support.

### Additional Funding Would Reduce Waiting Lists, Expand Reach

"If OAA funding were to significantly increase, it would allow the AAA to serve individuals who are currently on wait lists. Additional funding would also allow our agency to more fully support current clients. For example, current OAA funding only covers an in-home aide to come for an hour at a time, which is insufficient time to cover all the assigned tasks.

If we had additional resources for in-home support, aides could complete tasks rather than delaying necessary support or relying on already stressed family members to assist; clients would be safer and better served.**—an Iowa AAA**

## New Resources Needed to Engage Rural, Isolated Seniors

> With increased funding for OAA our local senior centers would be able to enhance their OAA Title III B programs by offering a greater variety of isolation-reducing and wellness-boosting activities and events to participants. Also, our AAA would be able to extend our transportation services to reach more rural seniors at particular risk of social isolation.—**a Kentucky AAA**

# Foster Innovations in Service Delivery

Though the Act's foundational infrastructure has remained strong in the decades since it was first envisioned by Congress, emerging best practices and research have guided changes to its programs and services to ensure they meet the needs of the nation's growing and diverse aging population. With this reauthorization, n4a supports the following updates to increase innovation across the Aging Network.

## Research and Demonstration

With the need for outcomes data and evidence-based programs greater than ever, it's essential that the U.S. Administration on Aging (AoA) have the proper authority to invest in innovations, test new models, and evaluate existing and promising programs and practices that address the needs of the nation's rapidly aging population.

**Congress should embark upon a robust revitalization of Title IV, the research and demonstration authority in the Act. We propose the development of a new research center at AoA, with the appropriate resources and staff to form the leadership base for innovation in the Aging Network and in aging services.**

The research and demonstrations conducted by the center would focus on testing and seeding innovations, with a particular focus on how to better enable aging at home and in the community. Projects could focus on existing OAA authorities and programs or reach beyond, but demonstrations should prioritize working directly with agencies and organizations funded by the Act, and should reflect the needs documented in the state and area plans.

## Title VI Native American Aging Programs

OAA provides the primary authority for funding services to elders in Indian country. American Indian elders are the most economically disadvantaged older adults in the nation. Current Title VI funding levels are woefully inadequate to meet the needs of Indian elders. There has long been a lack of proper investment in these programs, which further exacerbates the challenges American Indian elders face.

**Congress should expand Title VI, Grants for Native Americans, to allow and authorize funding for a wider range of supportive services than is feasible with current funding and capacity, such as transportation and health and wellness programs.**

While Title VI Parts A and B allow grantees to offer supportive services similar to those authorized under Title III of the Act, the funding is primarily spent on nutrition services first, with little funding remaining to provide additional wrap-around services such as transportation, in-home care, legal assistance and other supports that are so desperately needed.

**n4a also recommends that Congress create a new training, professional development and technical assistance program under Title VI.** Given the modest size of the Title VI grants, there is also a need for capacity-building activities to help grantees better serve elders in their communities. While AoA provides technical assistance and training customized to the tribal organizations operating these programs, more support is needed.

## Addressing High-Need Populations

n4a believes this reauthorization should **enhance the Act's ability to meet the needs of the most vulnerable older adults, including: people with dementia, older adults who are socially isolated, and those with chronic conditions and advanced illness—and their caregivers.**

The aging population means there will be more people living with Alzheimer's disease and other dementias, and more struggling family caregivers providing support. A longer-living and larger population is driving a significant increase in the number of Americans living with dementia and will continue to do so for the next several decades: researchers project the number will at least double by 2050. As people age, their risk of developing Alzheimer's and other dementias rises steeply—a stunning 32 percent of people age 85 and older currently live with dementia.[6] Research shows that 80 percent of those diagnosed with dementia are living in the community.[7]

A changing society has driven dangerous levels of social isolation, which has significant health implications. An estimated 17 percent of older Americans experience social isolation,[8] driving $6.7 billion in additional federal spending due to resulting poor health.[9]

As people live longer, rates of chronic conditions also increase. More than 80 percent of Americans age 65 and older have more than one chronic condition.[10] Costs, both in terms of health care dollars and disability rates, are staggering. Among older adults, chronic conditions account for nearly 95 percent of health care expenditures[11] and limit the activities of millions of people, decreasing their productivity and ability to live independently.

The good news is that OAA programs and services and the AAAs that administer them are already focused on older adults and caregivers who are dealing with these realities. In fact, large numbers of older adults currently served under the Act are living with dementia, and often it is when older adults are facing advanced illness that their need for support becomes both evident and urgent and they turn to these home and community-based services. These seniors and their caregivers benefit from OAA offerings such as the in-home supportive services, case management, transportation, home-delivered meals and other person-centered services provided by AAAs with Title III funding. Additionally, several programs under the Act intentionally work to reduce social isolation, such as the congregate meals program (Title III C1), evidence-based health and wellness (Title III D), and transportation services (Title III B).

As these populations particularly in need of support grow in size, we look forward to working with Congress to expand the Act's ability to serve them.

### OAA Provides Person-Centered Opportunities to Prevent Social Isolation

"At our local AAA, older adults with dementia and their caregivers gather monthly for Memorable Times Cafe. This is an important component of our Family Caregiver Support Program, supported by Title III funds. Our local Memory Cafe focuses on sharing stories, memories, music and community. It offers a relaxed, inclusive environment in which individuals with early to mid-stage memory loss and their care partners can socialize, participate in fun activities and access resources.

The social activities at Memorable Times Cafe, the interaction with AAA staff and volunteers who can provide information about other programs and resources, and the unique access to materials geared toward older adults and their caregivers make this an outstanding example of how OAA helps our agency address social isolation and dementia in our community.**—a Vermont AAA**

## Innovations to Expand Access for Consumers

As the health care landscape changes dramatically toward value-based care and the health world discovers what the social services world has always known—that the social determinants of health are a linchpin to improving health outcomes—AAAs have embarked on new ventures outside of their Older Americans Act duties. These AAAs are responding to the demands of larger populations of older adults, the needs of health care providers seeking value in social services, and the requests of consumers who don't qualify for public programs targeted at the most needy or low-income.

Examples include "private pay" programs in which the AAA offers some of the same types of supportive services provided under the Act to older adults and caregivers on a wait list, or who are otherwise ineligible for public support (e.g., Medicaid home and community-based services). Consumers want to get these services from a trusted local resource and are willing to pay if that's the only option. Not only does this expand the availability of in-demand services in that

community, but it can also help support the provision of other home and community-based services in the community via new revenue sources. This resource development is in keeping with the mission of AAAs to develop robust local options for consumers, as well as the Act's intention that it should be utilized to leverage additional resources.

Additionally, as AAAs have sought contracts with health care payers (such as Managed Care Organizations to provide Medicaid HCBS or hospitals to provide care transitions services), there is frequently a misconception that the Act does not allow them to do so. Sometimes states, focused on their OAA oversight role, aren't comfortable with AAAs' non-OAA activities, despite the fact that the AAA designation does not limit the agency's additional roles and responsibilities. In fact, only 39 percent of AAA funding comes from the Older Americans Act on average, with 32 percent from Medicaid HCBS.

**Therefore, Congress should clarify that nothing in the Act prevents Area Agencies on Aging from leveraging their resources and extending their ability to meet the needs of older adults and caregivers through the development of separate contracts with health care providers and the establishment of fee-based private pay services that are separate from OAA-funded services.**

## Ease Administrative Barriers to Increase Access to Services

Established by the Older Americans Act, the Aging Network system develops, coordinates and delivers community-based aging services to meet a range of the social and health-related needs of that community's older adults and caregivers. It's an efficient system that emphasizes local flexibility to reflect local needs and offer person-centered options. However, stagnant, or even declining, federal, state and local resources and increasing demand and costs, mean that Aging Network entities, including Area Agencies on Aging, are increasingly unable to meet local service needs.

**Given that Area Agencies on Aging are charged with achieving and maintaining fiscal stewardship and efficiency, we ask that Congress enact additional flexibilities to allow AAAs to address administrative burdens and enable them to better address the needs of their local service areas.**

For example, within OAA Title III C nutrition services—both congregate meals programs (III C1) and home-delivered meals (III C2)—provide vitally important nutrition for older adults in either a home-based or community setting. Community needs and demand for these two services can vary greatly depending on the location and demographic of participants—for example, in areas where transportation options are limited or people have poorer health, home-delivered meals may be in greater demand; in other communities, congregate meals served at a communal setting may be a preferred option.

Currently, states may allow AAAs to transfer up to 40 percent of funding between OAA Title III C1 and C2 services to accommodate the needs of the community. However, the administrative process used to implement these transfers can be cumbersome and, in some states, restrictive. **We ask that Congress provide enhanced ability, at the state and local levels, to administer the transfer authority between Title C1 and C2 in a way that reduces administrative burden while preserving the important role of both types of services.**

In addition to prioritizing policy changes that reduce administrative burdens at a local level, we encourage Congress to ensure that states and AAAs can pursue opportunities to better respond to local service demands and realities. For example, **we encourage lawmakers to modify the Act to recognize the value in implementing cost-sharing options for consumers** who may have the financial capacity to contribute to service provision, but for whom OAA-subsidized services may not be available due to waiting lists or other restrictions. Given budget limitations and funding realities, cost-sharing can be an effective local solution to augment service availability.

Currently, cost-sharing parameters in the Act are insufficient to allow some consumers to participate in the cost of the services they receive. If the State Unit on Aging does not implement a cost-sharing policy, the AAA has no way to conduct cost-sharing as otherwise detailed in the law. To ensure that AAAs have the opportunity to implement these strategies, Congress should consider mandating that all states develop a cost-sharing policy—with AAA input. This requirement would not circumvent the state's authority, but it would recognize the importance of considering local realities in informing state policies.

***These recommendations were developed*** **in consultation with the n4a Board of Directors Public Policy and Grassroots Committee and are based on copious input from n4a members around the country. This is a living document, and as such may be updated as policy conversations continue.**

## For More Information

For additional details on the OAA, AAAs, Title VI aging programs or ideas expressed in this paper, please contact the n4a policy team:

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## Endnotes


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## About n4a

The National Association of Area Agencies on Aging (n4a) is the membership organization for the 622 Area Agencies on Aging (AAAs) and a voice in the nation's capital for the more than 250 Title VI Native American aging programs in the U.S. The fundamental mission of the AAAs and Title VI aging programs is to provide services that make it possible for older individuals to remain in their homes, thereby preserving their independence and dignity. These agencies coordinate and support a wide range of home and community-based services, including information and referral, meals, in-home care, transportation, employment services, senior centers, adult day care and more.

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